



Procedure: Dietary Assessment Using Nutrition Survey

Volume: Nutrition Services/Breastfeeding

Section: Value Enhanced Nutrition Assessment

Approval Date: 11.2012

Citation: 246.7(d)(2)(iii), PM 2011 - 5

Revised Date:

Purpose

Outline steps involved in completing a dietary assessment for each participant as part of eligibility determination and nutrition education purposes.

Use of Nutrition Survey Forms

As part of the assessment process for an initial or subsequent certification, a dietary assessment shall be completed for every participant as part of risk criteria determination.

The WIC CPA will use the Nutrition Survey Forms as a tool to complete the dietary assessment. The form will help determine risk criteria related to inappropriate nutrition practices.

Information obtained through the use of the nutrition survey form and through the interview process will also be used to identify nutrition education needs.

Completing the Nutrition Survey Form

Individuals or their responsible parties will complete the appropriate nutrition survey for the participant status. Nutrition surveys are available in both English and Spanish:

- Pregnancy Nutrition Survey
 - Breastfeeding/Postpartum Woman Nutrition Survey
 - Infant Nutrition Survey
 - Child Nutrition Survey
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- Information from the nutrition survey will be evaluated by the WIC CPA. The WIC CPA will use additional questions/probes to determine specific information related to risk criteria and education needs as appropriate for the individual client.

Assessment and Recording Nutritional Risk Factors

All nutritional risk factors relating to dietary assessment are outlined in the nutritional risk policy beginning in Section F, page 1 of this manual.

- In order for the dietary pattern/practice to serve as a qualifying risk criteria, it must meet the definition as listed in section F.
- Compare answers provided on the diet survey to the guidance in the risk criteria policy to determine appropriate risk codes.
- Circle corresponding risk codes on the individual assessment/care plan form and enter on page 3 of the WIC System certification screen.

Pregnancy Nutrition Survey Form

All pregnant women will complete this nutrition survey at the certification visit. A new nutrition survey form is to be completed for each certification period.

***Breastfeeding/
Postpartum Woman
Nutrition Survey Form***

All breastfeeding or postpartum women will complete this nutrition survey at the certification visit.

- For breastfeeding women continuing to breastfeed after 6 months, a new diet survey should be completed at the breastfeeding mid-cert nutrition education visit.

***Infant Nutrition
Survey Form***

An infant nutrition survey should be completed for all infants' birth to 11 months of age.

- The infant nutrition survey diet survey form should be completed at the initial certification visit and another form completed at the 6-month mid-certification visit.
- There are highlighted sections on the survey form for babies birth – 4 months and for babies 4 months of age and older.

***Child Nutrition Survey
Form***

A new child nutrition survey should be completed for all children age 1 and older at every certification or recertification visit.

***VENA Nutrition Survey
Training Tools***

VENA Nutrition Survey Training Tools are available for each participant status to explain the reasons for questions asked, and to provide ideas for additional probing questions

PREGNANCY NUTRITION SURVEY

Name:	Age:	Today's Date:
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Please circle or write your answers to the following questions:

1. What concerns does your doctor have about your pregnancy? *Weight Gain Weight Loss Blood Pressure High Blood Sugar Low Iron in Blood What you eat None Other_____*
2. Which of these do you take: *Prenatal Vitamins Iron Pills Other Vitamins Herbal Supplements Over-the-counter medications None Other Medications_____*
3. What conditions do you have: *Nausea Vomiting Heartburn Constipation Swelling None Other_____*
4. What word(s) describe how you feel about being pregnant? *Happy OK Tired Depressed Sad Angry Stressed Other_____*
5. How do you feel about your weight change?
Not sure if gaining enough Gaining too much OK
6. How many times a day do you eat? *Meals_____ Snacks_____*
7. How many times a week do you eat fast food or food from a restaurant?
Never 1-2 times 3-4 times 5 or more times
8. If you eat meals at home, where in your home do you usually eat?
At the Table In the Living Room/ TV Room In the Bedroom Other_____
9. Are you on a special diet? *Yes No Please explain_____*
10. Are there foods that you limit or do not eat? _____
11. What do you drink on most days? *Water Milk Coffee/Tea Regular Soda Diet Soda Juice Gatorade*
12. What things, other than food, do you crave to eat? _____
13. How do you feel about your eating habits now? *Good OK Not so good*
14. Do you ever run out of money or food stamps to buy food? *Yes No*
15. What kind of activity do you do on most days? *Walk Run Bike Dance Sports Swim Garden Exercise class or video Gym None Other_____*
16. Have you ever breastfed? *Yes No If yes, for how long? _____*
17. What do you know about breastfeeding? *Very Little Some A Lot*
18. How confident are you that you will breastfeed your baby? (circle one)
(Not at all confident) 1.....2.....3.....4.....5 (Very confident)
19. Are you working or going to school? *Yes No Planning to Start*
20. What nutrition and health questions do you have today?

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CUESTIONARIO DE NUTRICIÓN PARA MUJERES EMBARAZADAS

Nombre:	Edad:	Fecha:
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Favor de trazar un círculo o escribir sus respuestas a las siguientes preguntas:

1. ¿Cuáles inquietudes tiene su doctor acerca de su embarazo? *Aumento de peso Pérdida de peso Presión sanguínea Nivel alto de azúcar en la sangre Nivel bajo de hierro en la sangre Lo que come Ninguno Otro _____*
2. ¿Cuáles de estos productos toma? *Vitaminas prenatales Píldoras con hierro Otras vitaminas/minerales Hierbas Medicamentos sin receta médica Ninguna Otros medicamentos _____*
3. ¿Cuáles de estas condiciones tiene? *Náusea Vómito Acidez Estreñimiento Hinchazón Ninguna Otro _____*
4. ¿Cuáles palabras describen su estado de ánimo de su embarazo? *Muy contenta Está bien Cansada Deprimida Triste Tensa Enojada Otra _____*
5. ¿Cómo se siente acerca de su cambio de peso? *Muy delgada Muy gorda Está bien*
6. ¿Cuántas veces al día come? *Comidas _____ Bocadillos _____*
7. ¿Cuántas veces a la semana come comidas rápidas o de restaurante?
Nunca 1-2 veces 3-4 veces 5 o más veces
8. Si come en la casa, ¿en qué parte de la casa come?
En la mesa En la sala/cuarto de televisión En el cuarto Otro _____
9. ¿Sigue una alguna dieta especial? *Sí No Si es sí, explique _____*
10. ¿Hay algunos alimentos que limita, evita o no come? _____
11. ¿Qué es lo que bebe en la mayoría de los días? *Agua Leche Café/Té Soda regular Soda de dieta Jugo Gatorade*
12. ¿Cuáles cosas, además de alimentos, le apetecen? _____
13. ¿Cómo se siente ahora acerca de sus hábitos de comer? *Bien OK Mal*
14. ¿Alguna vez se ha quedado sin dinero o sin estampillas de comida para comprar alimentos? *Sí No*
15. ¿Cuáles actividades físicas hace en la mayoría de los días? *Caminar Correr Andar en bicicleta Bailar Deportes Nadar Cultivar un jardín Clase o video de ejercicio Gimnasio Ninguna Otra _____*
16. ¿Ha amamantado alguna vez? *Sí No Si es sí, ¿por cuánto tiempo? _____*
17. ¿Qué sabe acerca de amamantar? *Muy poco Algo Mucho*
18. ¿Qué tan segura está que le dará pecho a su bebé? (trace un círculo alrededor de uno)
(No estoy segura) 1.....2.....3.....4.....5 (estoy muy segura)
19. ¿Está trabajando actualmente, o asiste a una escuela? *Sí No Estoy planeando empezar*
20. ¿Qué preguntas tiene hoy sobre la nutrición y la salud? _____

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PREGNANCY NUTRITION SURVEY TRAINING TOOL

1. What concerns does your doctor have about your pregnancy?

(Reason for asking question)

- Help develop nutrition education plan
- May need additional referrals

(Probing questions)

- Tell me about what your doctor told you
- What changes has your doctor recommended in what you eat
- Tell me how this might affect you and your pregnancy.

2. Which of these do you take?

(Reason for asking question)

- Possible risks during pregnancy
- Medical provider should know if participant is using them

(Probing questions)

- For what condition do you take them? How much/how often?
- Did you talk to your doctor about these?

3. What conditions do you have:

(Reason for asking question)

- Help client with common pregnancy problems
- May suggest client talk to medical provider about them
- May find that client uses other over the counter or home remedies

(Probing questions)

- What have you tried to help with this? What has worked?
- What has your doctor told you?

4. What words describe how you feel about being pregnant

(Reason for asking question)

- May need to refer to medical provider
- When you discuss with her, may find other referrals would be helpful
- May identify whether client is a victim of domestic violence

(Probing questions)

- Tell me more about this feeling.
- How do you cope when you are _____?
- Have you shared this with your doctor?

5. How do you feel about your weight change?

(Reason for asking question)

- Opens discussion on healthy weight gain during pregnancy

(Probing questions)

- Tell me more about that...
- What have you been told or read about how much weight to gain?
- Did your doctor talk to you about normal weight gain during pregnancy?

6. How many times a day do you eat? Meals_____ Snacks_____

(Reason for asking question)

- Help develop nutrition education plan that fits clients usual habits
- Help find out if client eats too little, too much, or irregularly

(Probing questions)

- Who prepares your meals?
- What time do you usually eat your meals?
- Where do you usually have your meals or snacks? (home – work – school)
- Do you often skip meals? If yes, why?

<p>7. How many times a week do you eat fast food or food from a restaurant? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Helps assess intake of high fat, high calorie or high sugar foods. • May be related to rate of weight gain. • May mean a lower intake of fruit, vegetables and/or milk <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Which restaurants do you like? • What do you like to order?
<p>8. If you eat meals at home, where in your home do you usually eat? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Gives you an idea of the structure of meals, eating at the table, family meals if applicable <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Tell me more about that...
<p>9. Are you on a special diet? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Could affect intake of different food groups • May identify medical condition <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • If yes, please describe your diet. • Have you discussed this with your doctor?
<p>10. Are there foods that you limit or do not eat? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Shows food preference • Could affect intake of different food groups. • Could show food allergies, possible eating disorder <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Tell me more about these foods... • What are your reasons for limiting or avoiding these foods?
<p>11. What do you drink on most days? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Shows what fluids she drinks, caffeine intake, identify sugar and calories from beverages. <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • How many times a day do you drink_____? • Tell me more about the kind of beverages you circled or did not circle.
<p>12. What things, other than food do you crave to eat? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Helps identify PICA, may mean she takes in toxic substances • Need to evaluate, find out how much she takes in, may need to refer. <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Tell me about these cravings... • How much do you eat?
<p>13. How do you feel about your eating habits now? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • May show she has concern about her diet. • May show her stage of change. <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Tell me more about that?
<p>14. What kind of activity do you do on most days? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Helps identify level of physical activity and activities she enjoy • Identify if activity level is appropriate for pregnancy and/or if activity level is related to her rate of weight gain • Identify any restrictions to physical activity due to medical reasons

<p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • How often do you _____, how long? • What does your doctor say about exercising while pregnant?
<p>15. Do you ever run out of money or food stamps to buy food?</p> <p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Helps identify food insecurity issues and need for referral <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • What do you do when..... • Tell me about shopping and meal planning. • Would you like some ideas for handling this (referrals)?
<p>16. Have you ever breastfed?</p> <p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Shows her breastfeeding history • Lets you provide support and encouragement for breastfeeding <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Tell me about what that was like. • What were your main reasons for stopping breastfeeding? • Have you ever had surgery, radiation or any injury to your breast area?
<p>17. What do you know about breastfeeding?</p> <p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • May help identify her level of knowledge and understanding of breastfeeding. <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • What have you heard about breastfeeding? • You circled _____ tell me more about that
<p>18. How confident are you that you will breastfeed your baby?</p> <p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Shows her stage of change • Helps you find out if she plans to breastfeed • Opens conversation about her knowledge, experience, and plans about breastfeeding. • Lets you describe WIC breastfeeding education and support services. <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • What is influencing your confidence about breastfeeding? • Tell me why you are/are not confident about breastfeeding? (discuss barriers)
<p>19. Are you working or going to school?</p> <p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • A "yes" or "planning to start" answer opens the discussion for breastfeeding options when separated from baby. <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • If "yes" or "planning to start"... tell me about your plans for breastfeeding. • What help or support do you need. • Tell me about your stress level.
<p>20. What nutrition and health questions do you have today?</p> <p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Lets client discuss what is important to her at that time. • May find other needs. <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Is there anything about your pregnancy you would like to be sure to discuss today?

BREASTFEEDING/ POSTPARTUM WOMAN NUTRITION SURVEY

Name:	Age:	Today's Date:
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Please circle or write your answers to the following questions:

If you are breastfeeding your baby:

1. How is breastfeeding going for you?

Good – I have the help I need

OK – I have some questions

Not so good – I need help

2. How long do you think you will breastfeed? _____

3. Which of these do you take: *Prenatal Vitamins Iron Pills Other Vitamins Herbal Supplements*

Over-the-counter medications None Other Medications _____

4. Which one or more of the following words(s) describes how you feel? *Happy OK Tired*

Depressed Sad Angry Stressed Other _____

5. How do you feel about your weight now?

Too little

Too much

OK

6. How many times a day do you eat? *Meals* _____ *Snacks* _____

7. How many times a week do you eat fast food or food from a restaurant?

Never

1-2 times

3-4 times

5 or more times

8. If you eat meals at home, where in your home do you usually eat?

At the Table

In the Living Room/ TV Room

In the Bedroom

Other _____

9. Are you on a special diet? *Yes No If yes, please explain* _____

10. Are there foods that you limit or do not eat? _____

11. What do you drink on most days? *Water Milk Coffee/Tea Regular Soda Diet Soda Juice Gatorade*

12. How do you feel about your eating habits now? *Good OK Not so good*

13. What kind of activity do you do on most days? *Walk Run Bike Dance Sports Swim Garden*

Exercise class or video Gym None Other _____

14. Do you ever run out of money or food stamps to buy food? *Yes No*

15. What nutrition and health questions do you have today?

CUESTIONARIO DE NUTRICION PARA MUJERES AMAMANTANDO/DESPUÉS DEL PARTO

Nombre:	Edad:	Fecha:
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Favor de trazar un círculo o escribir sus respuestas a las siguientes preguntas:

Si está amamantando ahora:

1. ¿Cómo le va cuando amamanta a su bebé?

Bien – tengo la ayuda necesaria

OK – tengo algunas preguntas

No muy bien – necesito ayuda

2. ¿Por cuánto tiempo piensa usted amamantar a su bebé? _____

3. ¿Cuáles de estos productos toma? *Vitaminas prenatales* *Píldoras con hierro* *Otras vitaminas/minerales*

Hierbas *Medicamentos sin receta médica* *Ninguna* *Otros medicamentos* _____

4. ¿Cuáles palabras describen su estado de ánimo? *Muy contenta* *Está bien* *Cansada* *Deprimida*

Triste *Enojada* *Tensa* *Otra* _____

5. ¿Cómo se siente ahora acerca de su peso? *Muy delgada* *Muy Gorda* *Está bien*

6. ¿Cuántas veces al día come? *Comidas* _____ *Bocadillos* _____

7. ¿Cuántas veces a la semana come comidas rápidas o de restaurante?

Nunca *1-2 veces* *3-4 veces* *5 o más veces*

8. ¿Si come en la casa, en qué parte de la casa come?

En la mesa

En la sala/cuarto de televisión

En el cuarto

Otro _____

9. ¿Está a alguna dieta especial? *No* *Sí* *Si es así, explique* _____

10. ¿Hay algunos alimentos que limita, evita o no come? _____

11. ¿Qué es lo que toma en la mayoría de los días? *Agua* *Leche* *Café/Té* *Soda regular*

Soda de dieta *Jugo* *Gatorade*

12. ¿Cómo se siente ahora acerca de sus hábitos de comer? *Bien* *OK* *No Muy Bien*

13. ¿Cuáles actividades físicas hace en la mayoría de los días? *Caminar* *Correr* *Andar en bicicleta* *Bailar*

Deportes *Nadar* *Cultivar un jardín* *Clase/Video de ejercicio* *Gimnasio* *Ninguna* *Otra* _____

14. ¿Alguna vez se ha quedado sin dinero o sin estampillas de comida para comprar alimentos? *Sí* *No*

15. ¿Cuáles preguntas tiene hoy sobre la nutrición y la salud?

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BREASTFEEDING/POSTPARTUM WOMEN NUTRITION SURVEY TRAINING TOOL	
1. How is breastfeeding going for you?	<p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Support helps women breastfeed longer. • Lets client discuss her concerns about how she is feeding her baby. • May need additional referrals <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Tell me about why you chose that number. • What questions do you have about breastfeeding? • How do you feel about how much milk you have?
2. How long do you think you will breastfeed?	<p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Helps assess if client has a certain length of time in mind. • May help promote longer breastfeeding duration. <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Do you plan to work or go to school? • Tell me more about your plan.
3. Which of these do you take?	<p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Find out whether she is taking appropriate supplements • Can lead to nutrition education about food as a source of vitamins and minerals • Refer to MD if excessive medications or use of herbal remedies • Evaluate herbal remedies for potential harmful effects on the infant <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Tell me more about when and why you started the... • Have you discussed this with your doctor?
4. Which one or more of the following words describes how you feel?	<p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • May need to make referrals and/or provide information on postpartum depression • Lets client discuss the kind of support she needs <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Tell me more about this feeling. Have you shared this with your doctor? • What kind of support do you have at home?
5. How do you feel about your weight now?	<p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • To discuss healthy eating and recommendations for weight loss, if desired • To promote a healthy weight. <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Tell me more • What did your doctor say about your weight? • What questions do you have about your weight?
6. How many times a day do you eat?	<p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Helps you do a quick assessment of her daily eating pattern. • Helps you make nutrition recommendations that fit her habits. <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • What time do you usually eat your meals? • Where do you usually have your meals or snacks? (Home – work – school) • Do you skip meals? If yes – why?
7. How many times a week does your family eat fast food or food from a restaurant?	<p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Helps you assess her intake for high fat, sugar and calories • Helps you tailor nutrition education to her usual habits.

<p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Which restaurants do you like? • What do you like to order?
<p>8. If you eat meals at home, where in your home do you usually eat?</p> <p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Gives you an idea of the structure of meals, eating at the table, family meals if applicable <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Tell me more about that...
<p>9. Are you on a special diet?</p> <p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Could affect how well she meets her nutritional needs • Could affect nutrition education <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • If yes – describe your diet. • Have you discussed this with your doctor?
<p>10. Are there foods that you limit or do not eat?</p> <p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Could affect how well she meets her nutritional needs • Could show food allergies, possible eating disorder <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Tell me more about these foods.... • What are your reasons for limiting or avoiding these foods?
<p>11. What do you drink on most days?</p> <p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Shows what fluids she drinks, caffeine intake, sugar and calories from beverages. <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • How many times a day do you drink _____? • Tell me more about the kind of beverages you circled or did not circle
<p>12. How do you feel about your eating habits now?</p> <p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • May show she has concerns about her diet • May show her stage of change <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Tell me more about that....
<p>13. What kind of activity do you do on most days?</p> <p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Helps identify level of physical activity and activities she enjoy <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • How long do you usually.... • About how often do you _____?
<p>14. Do you ever run out of money or food stamps to buy food?</p> <p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Helps identify food insecurity issues and need for referral <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • What do you do when..... • Tell me about shopping and meal planning. • Would you like some ideas for handling this (referrals)?
<p>15. What nutrition and health questions do you have today?</p> <p><i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Lets client discuss what is important to her at that time • May identify other needs <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Tell me more about ... Have you discussed this with your doctor?

INFANT NUTRITION SURVEY

Baby's Name _____	Baby's Age: _____	Today's Date: _____
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Please circle or write your answers to the following questions:

1.	How are you feeding your baby? <i>Breastfeeding</i> <i>Both breastfeeding and formula</i> <i>Formula Feeding</i>
For Babies birth to 4 months:	
2.	In the last 24 hours (day & night), how many wet diapers did your baby have? _____
3.	In the last 24 hours (day & night), how many dirty (poopy) diapers did your baby have? _____
4.	Circle all the ways you would describe your baby's poop: <i>Color: Black & Sticky Brownish to Greenish Yellowish & Seedy Other _____</i> <i>Texture: Firm Hard & Pebbly Soft Watery Other _____</i>
5.	How do you know when your baby is ready to eat? _____
6.	How do you know when your baby is full? _____
7.	<u>If you breastfeed your baby:</u> <i>How many times in 24 hours do you breastfeed? _____</i> <i>How is breastfeeding going? (Not good) 1.....2.....3.....4.....5 (Great)</i>
8.	<u>If you feed your baby formula:</u> <i>How often does your baby take a bottle of formula? _____</i> <i>How many ounces of formula are put in each bottle? _____</i> <i>How many ounces of formula does your baby drink at a feeding? _____</i> <i>What is the name of the formula you give your baby? _____</i> <i>How do you make the formula: How much formula _____ How much water _____</i> <i>How is formula feeding going? (Not good) 1.....2.....3.....4.....5 (Great)</i>
9.	If your baby uses a bottle: <ul style="list-style-type: none"> • Where are all the places your baby takes a bottle: <i>Bed Stroller Car Seat High-chair</i> <i>Held in someone's arms Hold's own bottle Other _____</i> • Does your baby drink anything out of the bottle other than formula or breastmilk? <i>Yes No</i>
10.	I give my baby: <i>Vitamins Iron drops Vitamin D Fluoride Medicine None Other _____</i>
11.	My baby currently has: <i>Allergies Rash Constipation Diarrhea Vomiting Colic None</i>
12.	Where does baby's drinking water and/or water to mix formula come from? <i>City Water Well Water Bottled Water Nursery Water Don't know</i>
For Babies 4 months and older:	
13.	What do you feed your baby? <i>Family / table foods Baby food in jars Both None</i>
14.	What textures of food do you feed your baby? <i>Smooth Chunky Chopped Soft pieces</i> <i>Other _____</i>
15.	How do you feed your baby solid foods? <i>Spoon Bottle Infant Feeder Baby feeds self</i>
16.	Does your baby eat honey or any foods made from honey? <i>Yes No</i>
17.	Does your baby drink from a cup? <i>Yes No</i>
18.	What questions do you have about how your baby is eating and growing? _____

NE WIC 10.08

CUESTIONARIO DE NUTRICIÓN PARA BEBÉS

Nombre del bebé:	Edad del bebé:	Fecha:
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Favor de trazar un círculo o escribir sus respuestas a las siguientes preguntas:

<p>1. ¿Cómo está alimentando a su bebé? <i>Sólo Amamantando Amamantando y fórmula Fórmula solamente</i></p>
<p>Para bebés desde nacimiento hasta 4 meses:</p> <p>2. En las últimas 24 horas (día y noche), ¿cuántos pañales mojó su bebé? _____</p> <p>3. En las últimas 24 horas (día y noche), ¿cuántos pañales ensució (heces) su bebé? _____</p> <p>4. Trace un círculo alrededor de todas las palabras que usaría para describir las heces de su bebé:</p> <p><i>Color: Negro y pegajoso Pardusco casi verdoso Amarillento Otro _____</i></p> <p><i>Textura: Firme Dura y como piedritas Suave Aguada Otro _____</i></p>
<p>5. ¿Cómo sabe cuándo su bebé quiere comer? _____</p> <p>6. ¿Cómo sabe cuándo su bebé está satisfecho? _____</p> <p>7. Si amamanta a su bebé: <i>¿Cuántas veces en 24 horas amamanta a su bebé? _____</i> <i>¿Cómo le va cuando amamanta a su bebé? (Mal) 1.....2.....3.....4.....5 (Muy bien)</i></p> <p>8. Si alimenta a su bebé con fórmula: <i>¿Con cuánta frecuencia toma su bebé biberones con fórmula? _____</i> <i>¿Cuántas onzas de leche pone en cada biberón? _____</i> <i>¿Cuántas onzas de fórmula toma su bebé en cada biberón? _____</i> <i>¿Cómo se llama la fórmula que toma su bebé? _____</i> <i>¿Cómo prepara la fórmula: Cuánta formula _____ Cuánta agua _____</i> <i>¿Cómo le va el alimentar a su bebé con fórmula? (Mal) 1.....2.....3.....4.....5 (Muy bien)</i></p> <p>9. Si su bebé usa un biberón:</p> <ul style="list-style-type: none"> • ¿En cuáles lugares toma su bebé el biberón: <i>Cama Carriola Asiento de seguridad Los brazos de alguien Silla alta Bebé sostiene el biberón Otros (apunte) _____</i> • Aparte de leche materna o fórmula, ¿el bebé toma bebidas en el biberón? <i>Sí No</i> <p>10. El bebé toma: <i>Vitaminas Gotas de hierro Vitamina D Fluoruro Medicina Ninguno Otro _____</i></p> <p>11. Mi bebé tiene actualmente: <i>Alergias Sarpullido Estreñimiento Diarrea Vómitos Cólicos Nada Otro _____</i></p> <p>12. ¿De dónde viene el agua que toma el bebé y el agua para preparar la fórmula? <i>Agua de la Ciudad Agua de pozo Agua embotellada Agua especializado para preparar fórmula No sé</i></p>
<p>Para bebés de 4 meses o más:</p> <p>13. ¿Qué le da de comer a su bebé? <i>Comida casera Comida para bebés en frasco Ambos Ninguno</i></p> <p>14. ¿Cuáles texturas de comida le da a su bebé? <i>Molidas Trozos Picadas Pedazos suaves Otras _____</i></p> <p>15. ¿Cómo le da comida sólida a su bebé? <i>Cuchara Biberón Alimentador infantil Bebé se alimenta por sí mismo</i></p> <p>16. ¿El bebé come miel o comidas hechas con miel? <i>Sí No</i></p> <p>17. ¿El bebé toma de un vaso? <i>Sí No</i></p>
<p>18. ¿Qué preguntas tiene sobre cómo su bebé está comiendo y creciendo?</p> <p>_____</p>

NE WIC 10.08

INFANT NUTRITION SURVEY TRAINING TOOL

1. How are you feeding your baby?

(Reason for asking question)

- Determine breastfeeding, formula feeding or combination of both.

For babies birth to 4 months old:

2. In the last 24 hours(day & night), how many wet diapers did your baby have?

3. In the last 24 hours (day & night), how many dirty diapers did your baby have?

(Reason for asking question)

- Help assess if baby is getting enough to eat and drink
- Help assess if breast milk supply is adequate

(Probing questions)

- How many hours pass between wet or dirty diapers?
- Why do you think that is?

4. Circle all the ways you would describe your baby's poop?

(Reason for asking question)

- Appearance of stools helps to see if baby is getting enough to eat and if baby is well
- Helps you give parent appropriate education regarding normal stool of breastfed or formula fed infants

(Probing questions)

- Do you have any concerns about your baby's poop, or changes that you've seen?
- If yes – "What ideas do you have about what might be causing it?"
- If yes – "What else has changed?"

5. How do know when your baby is ready to eat?

6. How do you know when your baby is full?

(Reason for asking question)

- Helps you know whether parent is aware of and responds to her baby's cues of hunger and fullness. Lets you discuss feeding cues, under- and over-feeding, and respecting baby's internal cues of hunger and fullness and helping baby to develop trust.
- Helps to avoid underfeeding or overfeeding
- Encourage healthy feeding relationship

(Probing questions)

- What does your baby do that lets you know he or she is ready to eat or is finished eating?
- How long does it take your baby to finish a feeding?
- What does your baby usually do after a feeding?

7. If you breastfeed your baby:

How many times in 24 hours do you breastfeed?

(Reason for asking question)

- Frequency of breastfeeding helps to show whether baby is getting enough breastmilk
- Helps encourage breastfeeding

(Probing questions)

- How much time passes before you breastfeed again?
- Do you follow any kind of a schedule? Tell me more about that.

How is breastfeeding going?

(Reason for asking question)

- Lets mom express her feelings about her breastfeeding experience. Lets you explore her challenges and support her successes.

(Probing questions)

- Tell me about what makes it "not good" or what makes it "great"

8. If you feed your baby formula:

How often does your baby take a bottle of formula?

How many ounces of formula are put in each bottle?

How many ounces of formula does your baby drink at a feeding?

(Reason for asking questions)

- Helps assess under- or over-feeding.

(Probing questions)

- (If combo feeding) – What are your reasons for using formula? When, in relation to breastfeeding, do you give the bottle?
- What size bottle do you give? How full do you make the bottle?
- How much is left when baby is done?

What is the name of the formula you give your baby?

(Reason for asking question)

- Helps assess if parent is feeding an appropriate formula, and may also show a medical condition (if medically necessary formula is used)

(Probing questions)

- If unsure – list brands, starting with WIC CONTRACT BRANDS
- Do you remember what the label looks like?

How do you make the formula?

(Reason for asking question)

- Lets you discuss proper preparation of formula and appropriate sanitation practices.
- May help identify reasons for symptoms of reported "formula intolerance"

(Probing questions)

- Tell me how you make the formula one step at a time.

How is formula feeding going?

(Reason for asking question)

- Lets parent express feelings about the feeding experience and lets you explore challenges (such as formula intolerance and difficult feedings) and support successes.

(Probing questions)

- Is there anything you want to talk about regarding formula?
- What makes it "not good"?

9. If your baby uses a bottle?

Where are all the places your baby takes a bottle?

(Reason for asking question)

- Helps you assess for the parent's attachment or detachment when feeding by bottle. Opens a dialogue about holding and interacting with baby/child when feeding, and importance to growth and development.
- Can also indicate inappropriate or unsafe feeding practices

(Probing questions)

- How do you decide where to feed your baby?
- Tell me about how long your baby takes the bottle in the_____?

Does your baby drink anything out of the bottle other than formula or breastmilk?

(Reason for asking question)

- Lets you talk about appropriate fluids for bottle. Helps you learn about inappropriate fluids, feeding solids in the bottle.

(Probing questions)

- (If something is inappropriate) – How is that working for you? What made you think of trying that?
- Tell me more about that...

10. I give my baby:

(Reason for asking question)

- Shows if baby is getting any supplements and may show illness or medical conditions if taking medication.

(Probing questions)

- Tell me more about when and why you started the....

<p>11. My baby currently has: <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> Helps you find out if baby has allergies or other reactions to formulas, mom's food intake when breastfeeding, and other foods baby may be eating. <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> How long has that been going on? What causes symptoms? How long do they last? What seems to help? Have you talked to the doctor about this?
<p>12. Where do baby's drinking water and/or water to mix formula come from? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> Helps identify unsanitary water supply, need for supplementation, etc.
<p>For Babies 4 months and older:</p> <p>13. What do you feed your baby? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> Shows stage of development/readiness Lets you discuss guidelines for preparing foods, and appropriate foods for different stages of maturity <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> Tell me how your baby eats. Can she feed herself? Who else feeds your baby besides you? At what age did you start giving your baby solid foods? (Family/table foods) What types? How is it prepared? How much and how often?
<p>14. What textures of food do you feed your baby? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> Helps start dialogue about appropriate textures for stage of readiness/maturity/normal growth and development <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> How does your baby prefer his food? What is it hard for your baby to chew or swallow? How does your baby react to lumpy foods?
<p>15. How do you feed your baby solid foods? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> Lets you discuss appropriate use of spoon, readiness for solid foods, self-feeding, normal growth and development <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> Tell me about...
<p>16. Does your baby eat honey or any foods made from honey? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> Helps identify risk for food contamination (harmful microorganisms)
<p>17. Does your baby drink from a cup? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> Lets you discuss appropriate use of cup and/or readiness for weaning to cup <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> What type of cup does your baby use? Tell me about...
<p>18. What questions do you have about how your baby is eating and growing? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> Lets you know about parent's concerns about baby's eating behaviors and growth patterns, and helps you talk with parent about something that really interests her. <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> Tell me more about _____

CHILD NUTRITION SURVEY

Child's Name	Child's Age	Today's Date:
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Please circle or write your answers to the following questions:

1. What do you think about your child's size? *Too little* *Too big* *OK*
2. What kinds of activity does your child do? _____
3. How many hours is a TV on (includes video games, movies, etc) in your house each day ? _____
4. My child uses the following to eat or drink: *Bottle* *Cup* *Sippy-cup* *Spoon* *Fork* *Fingers*
5. Do you ever run out of money or food stamps to buy food? *Yes* *No*
6. What do you give your child? *Vitamins* *Iron* *Fluoride* *None* *Other medications* _____
7. My child currently has: *Allergies* *Rash* *Constipation* *Diarrhea* *Vomiting* *None*
8. What things other than food does your child eat? _____
9. How would you describe your child's eating?
OK *Picky* *Too much* *Not enough* *Other* _____
10. How many times a week does an adult sit down to eat a meal with your child?
Never *1-2 times* *3-4 times* *5-6 times* *7 or more times*
11. If your child eats meals at home, where does he/she usually eat?
At the Table *In the Living Room/ TV Room* *In the Bedroom* *Other* _____
12. Who prepares the meals for your family? _____
13. How would you describe mealtime with your family?
Usually pleasant *Sometimes pleasant* *Not pleasant* *Other* _____
14. At mealtimes, how often does your child eat the same foods as the rest of the family?
Most of the time *Sometimes* *Rarely*
15. How many times a week does your family eat fast food or food from a restaurant?
Never *1-2 times* *3-4 times* *5 or more times*
16. What kind of milk does your child usually drink? *Skim* *1%* *2%* *Whole/Vitamin D*
17. What other beverages does your child drink on most days? *Juice* *Soda* *Punch/Kool Aid*
Fruit Drinks *Gatorade* *Coffee/Tea* *Water* *Other*
18. What are your child's favorite foods? _____
19. What food(s) does your child dislike or is unable to eat? _____
20. What nutrition and health questions do you have today?

NE WIC 10.08

CUESTIONARIO DE NUTRICIÓN PARA NIÑOS

Nombre del niño:	Edad del niño:	Fecha:
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Favor de trazar un círculo o escribir sus respuestas a las siguientes preguntas:

1. ¿Qué piensa del peso y desarrollo de su niño? *Está muy pequeño* *Está muy grande* *Está bien*
2. ¿Cuáles actividades físicas hace su niño? _____
3. ¿Cuántas horas regularmente está prendida la televisión (incluyendo juegos de video, películas,) cada día en su casa ? _____
4. ¿Mi niño usa lo siguiente para comer o tomar: *Biberón - Taza - Taza Entrenadora - Cuchara –Tenedor- Dedos*
5. ¿Alguna vez se ha quedado sin dinero o sin estampillas de comida para comprar alimentos? *Sí* *No*
6. ¿Qué le da a su niño? *Vitaminas* *Hierro* *Fluoruro* *Ninguno* *Otras medicinas* _____
7. Mi niño tiene actualmente: *Alergias* *Sarpullido* *Estreñimiento* *Diarrea* *Vómitos* *Nada*
8. ¿Cuáles cosas, además de alimentos, come su niño? _____
9. ¿Cómo describiría la manera de comer de su niño?
Está bien *Es quisquilloso* *Come demasiado* *No come lo suficiente* *Otro* _____
10. ¿Cuántas veces a la semana come un adulto con su niño?
Nunca *1 a 2 veces* *3 a 4 veces* *5 a 6 veces* *7 o más veces*
11. Si su niño come en la casa, ¿dónde come usualmente?
En la mesa *En la sala/cuarto de televisión* *En su cuarto* *Otro* _____
12. ¿Quién prepara las comidas para su familia? _____
13. ¿Cómo describiría la hora de comer en su familia?
Usualmente agradable *A veces agradable* *Desagradable* *Otro* _____
14. A la hora de comer, ¿qué tan frecuente come su niño las comidas que el resto de la familia come?
Casi siempre *A veces* *Pocas veces*
15. ¿Cuántas veces a la semana come su familia comidas rápidas o de restaurante?
Nunca *1a 2 veces* *3 a 4 veces* *5 o más veces*
16. ¿Qué clase de leche toma su niño usualmente? *Descremada* *1%* *2%* *entera/vitamina D*
17. ¿Cuáles otras bebidas toma su niño en la mayoría de los días? *Jugo* *Soda* *Ponche/Kool Aid*
Bebidas de fruta *Gatorade* *Café/Té* *Agua* *Otro*
18. ¿Cuáles son los alimentos favoritos de su niño? _____
19. ¿Cuáles alimentos no le gustan a su hijo o no puede comer? _____
20. ¿Qué preguntas tiene hoy sobre la nutrición o la salud?

NE WIC 10.08

CHILD NUTRITION SURVEY TRAINING TOOL

1. What do you think about your child's size?

(Reason for asking question)

- Helps you understand parent's perception of child's growth, and parent's stage of change about underweight and overweight
- May need additional referrals

(Probing questions)

- Tell me about....
- What has the doctor said about your child's weight?

2. What kinds of activities does your child do?

(Reason for asking question)

- Opens a dialogue about age-appropriate activity and how active the child is.
- Can help parents role model by playing with children and being active themselves.

(Probing questions)

- What types of activities does your child enjoy? How often? How long?
- What kinds of indoor activities or games does your child enjoy?

3. How many hours is a TV on (includes video games, movies, etc) in your house each day?

(Reason for asking question)

- Opens a dialogue about recommended amount of "screen time" for children

(Probing questions)

- What do you think about having the TV on even if no one is watching?
- How do you feel about the amount of time that your child spends _____?

4. My child uses the following to eat or drink:

(Reason for asking question)

- Helps you know if child's eating abilities are age appropriate. It may show too much control or too little guidance from the parent.
- Lets you encourage using cup, weaning from the bottle, self-feeding, etc.

(Probing questions)

- When does your child have a bottle? What do you put in the bottle?
- Does your child use a pacifier or a spill-proof sippy cup?

5. Do you ever run out of money or food stamps to buy food?

(Reason for asking question)

- Helps identify food insecurity issues and need for referral

(Probing questions)

- What do you do when.....
- Tell me about shopping and meal planning.
- Would you like some ideas for handling this (referrals) ?

6. What do you give your child?

(Reason for asking question)

- Shows any use of appropriate/inappropriate supplements

(Probing questions)

- Tell me more about when and why you started the...
- Does the medication or _____ affect your child's appetite?

7. My child currently has:

(Reason for asking question)

- Helps you find out if child has allergies or other reactions to foods, etc

(Probing questions)

- What causes symptoms? How long do they last? What helps?
- Have you talked to your child's doctor about this? What did he/she say?
- Is your child on a special diet?
- Has your child recently started eating any new foods?

<p>8. What things other than food does your child eat? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • May mean child takes in toxic substances – need to evaluate how much child eats <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Tell me more about.... • What does your child's doctor say about....
<p>9. How would you describe your child's eating? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Tells you about parent's perception of child's eating pattern and how the child eats or should eat. • Lets you discuss typical childhood eating behaviors and feeding dynamics. <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Tell me more about why you describe it as_____. • What have you tried?
<p>10. How many times a week does an adult sit down and eat a meal with your child? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Gives an indication of structure of mealtime and if there are family meals <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • What are some of the barriers that make it hard to eat together? • Which meals (breakfast, lunch, dinner, snacks) are harder to eat with your child?
<p>11. If your child eats meals at home, where does he/she usually eat? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Helps identify family meal routine, feeding dynamics, meal structure. <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Tell me more about your child's meal routine.
<p>12. Who prepares the meals for your family? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Helps you understand who prepares meals (parents, other family members, babysitters, restaurants, etc) or who is responsible for making feeding decisions. <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • Who shops or decides what to buy and eat? • Who all prepares and/or offers food to your child? • Does your child help you prepare the meal or set the table?
<p>13. How would you describe mealtime with your family? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Lets you know about parent's perceptions and concerns about mealtimes. • Opens discussion to typical childhood eating behaviors and feeding dynamics issues. <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • What makes them_____? • Tell me more about family mealtime. • Where does the family gather or sit at mealtime?
<p>14. At mealtime, how often does your child eat the same food as the rest of the family? <i>(Reason for asking question)</i></p> <ul style="list-style-type: none"> • Lets you know about parent's perceptions and concerns about mealtimes. • Opens discussion to feeding dynamics issues, child eating foods offered, what other foods child is eating. <p><i>(Probing questions)</i></p> <ul style="list-style-type: none"> • What do you do when your child doesn't want to eat the food served? • How do you feel about_____.

15. How many times a week does your family eat fast food or food from a restaurant?

(Reason for asking question)

- Gives you an idea how much fast food the family/child eats

(Probing questions)

- Which restaurants do you usually go to? What does your family like to order?
- Tell me about challenges you have with cooking and preparing meals at home.

16. What kind of milk does your child usually drink?

(Reason for asking question)

- Identify client milk preference and acceptance of lowfat milk.

(Probing questions)

- Have you ever tried another kind of milk?

17. What other beverages does your child drink on most days?

(Reason for asking question)

- Shows what fluids child is drinking,
- May identify sugar containing fluids, amount of sweetened beverages consumed.

(Probing questions)

- How often does your child drink _____? About how much?

18. What are your child's favorite foods?

(Reason for asking question)

- Tells you what types of food the child prefers, and what the parent will offer the child.
- Lets you discuss the types of food the child likes.

(Probing questions)

- What do you think about your child's favorite foods?
- How often does your child have _____? How much?
- Where does your child eat his or her favorite foods?

19. What food(s) does your child dislike or is unable to eat?

(Reason for asking question)

- Gives you an idea of parent's perception of child's preferences.
- Opens discussion of Division of Responsibility – feeding dynamics issues.

(Probing questions)

- What do you do when your child won't eat the food offered?
- Do you still offer _____ from time to time?
- Do you (parent) eat those foods?

20. What nutrition and health questions do you have today?

(Reason for asking question)

- May find other topics parent wants to talk about.
- May find other needs.